

2000 UNIFORM BUSINESS REPORT (UBR)

Pg 1 of 2

DOCUMENT # F97000002733

FILED

00 SEP 13 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
MAGELLAN EXECUTIVE CORPORATION

Principal Place of Business
6950 COLUMBIA GATEWAY DR
COLUMBIA MD 21046

Mailing Address
577 MULBERRY ST
MACON GA 31202



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
6950 Columbia Gateway Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.
400

City & State

City & State
Columbia MD

4. FEI Number **58-2310891**

Applied For
Not Applicable

Zip Country

Zip Country
21046 Howard

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	J. KEVIN HELMINTOLLER	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BEDENBAUGH, JAMES R	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, D. KEITH	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANFORD, CHARLOTTE A	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	MARGIE M. SMITH	
STREET ADDRESS	577 MULBERRY ST.	
CITY-ST-ZIP	MACON GA 31202	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ANCOSKY, MICHELLE H	
STREET ADDRESS	3414 PEACHTREE RD NE, STE 1400	
CITY-ST-ZIP	ATLANTA GA 30326	

TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linton C. Newlin	
STREET ADDRESS	577 Mulberry Street	
CITY-ST-ZIP	MACON GA 31202 31202	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Henry T. Harbin	
STREET ADDRESS	6950 Columbia Gateway Drive, Suite 400	
CITY-ST-ZIP	Columbia MD 21046	
TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark S. Demilio	
STREET ADDRESS	6950 Columbia Gateway Drive, Suite 400	
CITY-ST-ZIP	Columbia MD 21046	
TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte A. Sanford	
STREET ADDRESS	6666 Powers Ferry Road, Suite 100	
CITY-ST-ZIP	Atlanta GA 30339	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	700003392197--7	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SP	
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark S. Demilio* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER / DIRECTOR
MARK S. DEMILIO, VP & SECRETARY

Date **9/8/00** Daytime Phone # **410/953-4702**

CR2E034 (5/00)



ACCOUNT NO. : 072100000032
REFERENCE : 827597 5028257
AUTHORIZATION :
COST LIMIT : \$ 550.00

Patricia Pizito

ORDER DATE : September 12, 2000
ORDER TIME : 9:53 AM
ORDER NO. : 827597-035
CUSTOMER NO: 5028257
CUSTOMER: Ms. Maria Ayub
Magellan Health Services, Inc.
6950 Columbia Gateway Drive
Suite 400
Columbia, MD 21046

ANNUAL REPORT FILING

NAME: MAGELLAN EXECUTIVE CORPORATION

RECEIVED
00 SEP 13 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATE &
TALLMANSSET PL 1000

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: *Janna Wilson*
~~Allison Smith~~ Ext. 1155

EXAMINER'S INITIALS: _____